A LETTER TO THE YOUNG WOMEN OF 2017

As access to birth control becomes an increasingly fraught issue, one writer reflects on what the world looked like before—and what it could look like again.

By Lindsy Van Gelder

IT WAS THE SUMMER OF 1963,

Martha and the Vandellas' "Love Is Like a Heat Wave" blasted from every transistor radio on the Jersey Shore, and truer words were never sung. Without planning to, I lost my virginity under a beach blanket late one afternoon.

I was 18; he was 19. Our dicey method of birth control (withdrawal and fingers crossed!) was superior to those employed by plenty of other teenagers at the time, like my friend whose accoutrements of choice were Saran Wrap and Coca-Cola. Guys could get someone who looked old enough to be married to buy them condoms; the fad was to keep one in your wallet, creating a studly bulge while it deteriorated in its leather sandwich.

In most states, contraceptives couldn't be advertised for their actual purpose—they were marketed as "hygiene." I'll say again: This was 1963, not 1863.

A year and a knuckle-biting late-period scare later, I had a new boyfriend. I was going to college in New York, and I was determined to get a prescription for something people mysteriously called...the Pill. The Pill wasn't perfect; women in Puerto Rico had been used as guinea pigs during its testing phase, and some experienced side effects—most notably an increased risk of blood clots. And procuring it was a little like scoring drugs. I discreetly asked around, and a friend gave me the name of a doctor in Manhattan who was reputed to be sympathetic. Per my friend's instructions, I lied and said I was 21 and engaged to be married soon. It worked, and my life as an autonomous adult thus began.

By the time I was having sex, the American birth control movement had actually been around for half a century. Planned Parenthood founder Margaret Sanger and her sister Ethel Byrne opened the first birth control clinic in the United States (in Brooklyn) in 1916, in defiance of laws that forbade even telling another person where to obtain contraception. After she was arrested and convicted, Byrne was sentenced to serve time in a workhouse, where she went on a hunger strike and was force-fed. At Sanger's trial, her lawyers argued that what she was doing was justified because her clients feared dying in childbirth. The judge, in 1917, ruled explicitly that women did not have "the right to copulate with a feeling of security that there will be no resulting conception."

I was lucky I wasn't in Connecticut, where birth control was illegal even for married couples until 1965, when the Supreme Court, in *Griswold v. Connecticut*, ruled that contraception was a matter of marital privacy. It wasn't until 1972 that the court extended the right to single people. That case involved an activist, William Baird, who handed a condom and a pack of contraceptive foam to a 19-year-old female Boston University student. His act was a felony in Massachusetts not only because she was unmarried but because he wasn't a doctor or a registered pharmacist.

I am wondering if any of these facts surprise you. My younger friends seem to know all about back-alley coat-hanger abortions before *Roe v. Wade*, but not so much about the simultaneous struggle for access to birth control.

Although I later discovered that a number of women I knew (including both of my grandmothers) had illegally terminated pregnancies, I would not have had the faintest idea of how to find someone to perform an abortion in 1963. It would have been like trying to find Banksy or Anonymous today. Where would you even start? There were rumors at my college of some kindly old doctor somewhere in Pennsylvania who could help you out, but to track him down would have entailed following every kindly old man around town, sussing out whether he carried a black doctor's bag, and then asking him if he would perform an abortion. While hoping he wasn't a cop. If you hadn't used birth control or your birth control had suffered wallet death, an unwanted pregnancy usually meant shame and scandal, dropping out of school, and having a child. Several friends of mine who got pregnant in that era and couldn't procure abortions gave up their babies for adoption. Most of the pregnant girls I knew had to get married, including one who was knocked up at 17.

This dynamic was the inescapable backdrop of male-female relationships in that era: Even if you ultimately never conceived, becoming heterosexually active meant understanding that the best possible outcome of your desire might be a man graciously putting a ring on your finger in order to save you from public shame, a few clicks removed from a scarlet letter. It was not a recipe for fearless passion between equals. Safe, reliable birth control for women drastically changed the equation.

Much later, I would look at all these things through the lens of feminism. *The personal is political. Keep your laws off my body. My body belongs to me (but I share).* (This last one I had on a T-shirt.) But at the time, we lacked the language to look at the big

picture and see that some things happened to women because we were women. At the time, I was focused on the personal: I really, really wanted a career in journalism, and it would have been hopelessly thwarted if I were a teenage mother.

I had been on the Pill for four years when I first encountered the fledgling women's movement... and inadvertently invented bra-burning.

Birth control had not solved all my problems. I had married boyfriend number two, graduated from college, and been turned down for a job as a reporter at a newspaper after the interviewer grilled me about what contraceptive method my husband and I were using—and then shushed away my reassurances with the suggestion that "a pretty little thing like you ought to be home having a baby every year." I subsequently worked as a reporter at a wire service, left my husband for boyfriend number three, and in the summer of 1968 was hired by the *New York Post*, which was then a punchy but liberal paper. It was my dream job.

A few weeks later, the city desk received a press release from a group of women who planned to picket the Miss America pageant in Atlantic City. They also wanted to light a fire in a "Freedom Trash Can" on the boardwalk and toss in girdles, corsets, bras, high heels, hair curlers, *Playboy* magazines, and other symbols of enforced femininity. It's hard to convey nearly a half century later how bizarre this seemed. "The Sixties" were exploding, but not for women. Our new freedom to avoid pregnancy, for example, had devolved into an expectation of constant sexual availability; a meme of the day, as counterculture guys burned their draft cards and refused to fight in Vietnam, was that "girls say yes to boys who say no."

In mainstream America, meanwhile, the pageant was revered. Prancing around in a bathing suit and stilettos was an admirable life path for girls, the equivalent of a boy knowing he could grow up to be president. (My uncle had tried to persuade me to go for the Miss New Jersey tiara.) My editors sent me off to write a humorous article about these deluded protesters.

But everything they said made absolute sense to me. Equal rights? Not being judged solely by rigid beauty standards? Ding, ding, ding. In what we would now call intersectionality, they also linked the pageant to the unpopular Vietnam War (the reigning queen's duties included entertaining the troops) and the fact that there had never been a black contestant. I was determined to take the protesters seriously.

The lead of my article thus compared their bonfire plans to the noble torching of draft cards. "Bra-burning" was more alliterative than my other choices, and I went with it. In fact, the demonstrators couldn't get a fire permit, as it turned out, and—small bit of history here—no bras were ever actually burned. The headline writer picked it up, as did every other media outlet in the days that followed. No one much concentrated on draft-card burners or politics in general. Feminism was suddenly mostly about underwear. Or jiggly boobs. A myth was born.

Over the years, I've seen that just about every sexual decision a woman might make can be commodified, vilified, or reduced to a cartoon—whether it's bralessness, liking to wear makeup and fuck-me shoes (or not), girl-on-girl action, public breastfeeding, being a madonna or a whore, being a MILF or not wanting to be a mother right now—or maybe ever.

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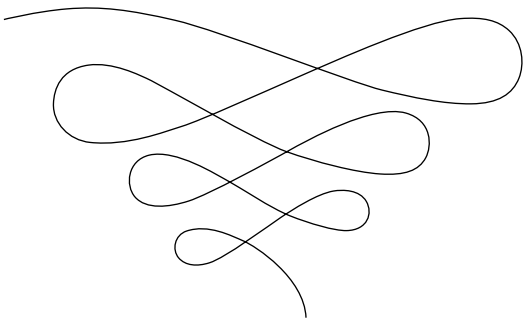
And I've learned that what matters more is what we think about ourselves. For my generation, legal access to birth control was kick-ass revolutionary. It put us in a place of independence to demand more, and better.

Those who don't want you empowered know this. Don't ever let them turn back the clock.



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BIRTH CONTROL: WHERE WE ARE NOW

If your last primer on contraception was in a class that involved putting a condom on a banana, here's an update on three important options. (And of course, if you're not monogamous, you're also putting those fruit skills into action.) —GINNY GRAVES

THE PILL Fifty-seven years after it was FDA-approved for contraceptive use, it's still the most common form of birth control; about a quarter of contraceptive users rely on it, according to the Guttmacher Institute. Depending on your insurance (and whether you are insured), a month's supply can be free or cost up to $50.

How it works: The Pill suppresses ovulation with synthetic hormones (estrogen and progestin).

How well it works: The failure rate is less than 1 percent—if you take it at the same time every day, which will probably never happen. For most women, that number is closer to 10 percent, says Marjorie Greenfield, the division chief of obstetrics and gynecology at University Hospitals Cleveland Medical Center.

The downsides: In a 2013 study, 80 percent of pill users said they had experienced side effects, such as weight gain, mood swings, headaches, and decreased libido. You cannot take hormonal contraception if you are over 35 and smoke. Even if you're under 35, you may not be a candidate for the Pill if you have a history of high blood pressure, blood clots, or migraines with aura. Two 2011 studies suggested that pills containing drospirenone (Yaz, Yasmin, Beyaz) might pose a higher blood-clot risk than other types. An FDA review found that they may be associated with a higher risk and recommended that women discuss their individual risk for clots with their doctor before deciding which birth control method to use.

IUDS More than 10 percent of women—and according to one study, nearly 40 percent of family-planning providers (both doctors and educators) who are on contraceptives—use an intrauterine device, a small T-shaped piece of plastic that's placed in the uterine cavity. And those numbers are rising: "In the first week after the election, we saw a 900 percent increase in women making appointments for IUDs and continue to see higher-than-average numbers," says Raegan McDonald-Mosley, an obstetrician and gynecologist in Baltimore and the chief medical officer of Planned Parenthood. (As of press time, IUDs are covered if you have health insurance through the Affordable Care Act and cost up to $1,000 if your insurance doesn't cover them.)

How they work: Most release the hormone progestin, which thickens cervical mucus to keep sperm from reaching the uterus. Progestin also impairs sperm motility and survival. Copper IUDs, the only nonhormonal option, make the lining of the uterus inhospitable to sperm.

How well they work: IUDs are more than 99 percent reliable for anywhere from three to ten years. "An IUD can see you through a presidential administration or two, but not through Supreme Court disasters," says Lauren Streicher, an associate clinical professor of obstetrics and gynecology at Northwestern University's Feinberg School of Medicine in Chicago.

The downsides: You may have cramping during and after the IUD's insertion, and there's a very small chance of the device slipping out or puncturing the uterine wall. Online IUD forums are rife with stories of women who've had hellacious mood swings and anxiety after getting IUDs. Large-scale studies, however, show this is rare since the hormonal effect is localized in the uterus, says Streicher. A recent study followed 1 million women for 13 years and found that those on any form of hormonal contraception (including both IUDs and the Pill) were slightly more likely to be diagnosed with depression or to start taking antidepressants.

EMERGENCY CONTRACEPTION The latest studies have shown that "morning-after pills," such as Plan B and Ella, are safe, even if you take them repeatedly. And to clear up any misconceptions: These options prevent pregnancy—they do *not* end it after it starts.

How it works: Both Ella (prescription only) and Plan B (available through a pharmacist) delay ovulation so your body doesn't conceive.

How well it works: Depending on where you are in your cycle, it may be 95 percent effective if taken within 24 hours of unprotected sex, says Greenfield. And it's only recommended for use within five days.

The downsides: Plan B and Ella aren't cheap—expect to pay $25 to $70 a pop.